

Vehicle Certificate of Ownership Application

Certificate of Fact for Address Verification

Please Type or Print Plainly

F E E S

PLATE OR TPO			COLOR #1 Top or Front Color		COLOR #2 Bottom or Rear Color		VEHICLE IDENTIFICATION (VIN) NUMBER					FILING
MOD YR	PWR	USE	MAKE	SERIES/BODY TYPE		MODEL ID		VALUE CODE		YEAR	MONORAIL	
CYCLE ENGINE OR MOTOR HOME NUMBER			FLEET CODE		EQUIPMENT#		MO REG	REG EXP DATE		SCALE WEIGHT	SEATS	RTA EXCISE TAX
DECLARED GWT		MONTH GWT	GWT EXP		MILEAGE		CODE	PREVIOUS TITLE #		STATE	LICENSE	
SPECIAL OPTIONS <input type="checkbox"/> DAV <input type="checkbox"/> Leased <input type="checkbox"/> No Title Issued <input type="checkbox"/> NRM <input type="checkbox"/> Bonded <input type="checkbox"/> NON-ROADWORTHY <input type="checkbox"/> Native American <input type="checkbox"/> Reg Only <input type="checkbox"/> Joint Tenants With Rights Of Survivorship					COUNTY OF RESIDENCE		PURCHASE PRICE		TAX JURISDICTION	TAX RATE	APPLICATION	
Washington State primary residence street address or Washington State principal place of business street address is required on the vehicle record (WAC 308-56A-030). For exceptions to this rule, see form TD-420-004.												INSPECTION
												VIN ASSIGNMENT
For more than two Registered or Legal Owners, please attach additional applications.												GROSS WEIGHT
												GWT CREDIT (ATTACH PROOF)
NEW REGISTERED OWNER												ARBITRATION
NAME Last First Middle Initial												SALES/USE TAX
NAME Last First Middle Initial												LICENSE SERVICE
Washington State primary residence Street Address (IF AN INDIVIDUAL) OR Washington State principal place of business Street Address (IF A BUSINESS)												REPLACEMENT PLATE
ADDRESS CONTINUED												LPG
MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE ADDRESS) OR EXCEPTION ADDRESS												AQUATIC WEED
FIRST OWNER'S WASHINGTON DRIVERS LICENSE, ID CARD OR UBI NUMBER						SECOND OWNER'S WASHINGTON DRIVERS LICENSE, ID CARD OR UBI NUMBER						LOCAL OPTION
NEW LEGAL OWNER												TRAUMA
NAME Last First Middle Initial												REPLACEMENT TAB
NAME Last First Middle Initial												PENALTY
ADDRESS												OUT OF STATE
ADDRESS CONTINUED												OTHER
FIRST OWNER'S WASHINGTON DRIVERS LICENSE, ID CARD OR UBI NUMBER						SECOND OWNER'S WASHINGTON DRIVERS LICENSE, ID CARD OR UBI NUMBER						TOTAL FEES & TAX
DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown. Any required sales tax has been collected.						WA DLR NO.		DEALER NAME		DATE OF SALE		SUBAGENT FEE (DO NOT INCLUDE IN TOTAL)
						DATE OF DELIVERY		VEHICLE IS: (X) <input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> PREVIOUSLY TITLED		DEALER'S AUTHORIZED SIGNATURE		

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment or both. I declare under penalty of perjury under the laws of the State of Washington that the information I have provided on this form is true and correct.

X _____
Registered Owner Signature Date Signed Place Signed (such as City or County) Position, if signing for a business

X _____
Registered Owner Signature Date Signed Place Signed (such as City or County) Position, if signing for a business

NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION		
	State of Washington		Signed or attested
	County of _____		before me on _____
	by _____		Signature _____
	Printed Name of Person Signing Document		Notary / Agent Signature
Notary's Name (PRINTED or STAMPED) _____			
Title _____		Dealer No. OR AND: County / Office No. OR Notary Expiration Date _____	